

STATE OF CALIFORNIA
Business, Transportation and Housing Agency
OFFICE OF THE MOBILEHOME OMBUDSMAN
P, O, Box 31 Sacramento, CA 95812-0031
Toll Free 1-800-952-5275 or Local (916) 323-9801
From TDD Phones: 1-800- 735-2929 From Voice Phones: 1-800- 735-2922
HCD Web Site: www.hcd.ca.gov

SECTION 3 - SELLER INFORMATION

PURCHASED THROUGH (Please check one): _____ A Dealer _____ Real Estate Agent _____ Private Party

DEALER/SELLER'S NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____
Number and Street City State Zip

DATE OF DELIVERY: (The date the seller was paid and the date you took physical possession of home)

DATE ESCROW CLOSED: (This date applies to only manufactured home sales by dealers and is the date on which the conditions of the escrow have been met and the escrow agent is in a position to disburse all funds, except funds withheld for accessories not yet installed or undelivered which are included in the purchase price)

DEALER REPORT OF SALE NUMBER (If Available): _____

SECTION 4 -MANUFACTURER INFORMATION

NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____
Number and Street City State Zip

SECTION 5 -DESCRIPTION OF THE MANUFACTURED HOME

MAKE/MODEL NAME: _____

YEAR MODEL: _____ SERIAL NUMBER(S): _____

REGISTRATION DECAL OR LICENSE PLATE NUMBER (S): (This decal is 3 X 5- in size and may be found affixed to the front of your manufactured home and is red or blue in color. However, a manufactured home that is affixed to a permanent foundation as an improvement to real property will not have such a decal.)

DEPARTMENT OF HOUSING INSIGNIA OR HUD LABEL NUMBER (S): (The HUD label is approximately 2" x4" in size and may be found at the rear of manufactured home or mobilehome. The California insignia is approximately 1.5"X 3" in size. It might also be located near the door.)

REGISTERED OWNER'S NAME: (If different from your name) _____

SECTION 6 -CERTIFICATION AND SIGNATURE

I certify that the information given in this request, and any attachments hereto, is true and correct to the best of my knowledge and that I will testify to these facts, if requested to do so, in any action brought by the Department against any manufacturer, dealer, seller or any person or persons found by this Department to be in violation of either laws or regulations during any investigation resulting from this request for assistance.

I understand that copies of this request may be given to other agencies responsible for resolution of the problems identified herein and that copies may be given to the manufacturer, dealer, or seller.

SIGNATURE: _____ DATE: _____

SIGNED IN THE CITY OF _____ COUNTY _____ ST A TE _____